



2010-11 Registration Form

Part A: Child & Family Information

(please PRINT clearly in ink and use a separate form for each child)

My child will attend **Playschool** at **Green Ridge Recreation Center** Monday-Friday__ **OR** (check days below):

Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Early Drop-off (circle)? **Y N** Days? **M Tu W Th F**

Child's Full Name _____ Nickname _____

Child's Home Address _____ Zip _____

Phone _____ Birthdate ____/____/____ Age ____ Gender: M F

Custodial Parent(s)/Guardian(s) Name(s) _____

Address _____ Zip _____

Home Phone _____ E-mail _____

Father's Place of Employment _____ Work Phone _____

Father's Cell Phone _____

Mother's Place of Employment _____ Work Phone _____

Mother's Cell Phone _____

List any non-custodial parent who may NOT pick up your child: _____

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

***NOTE: any non-custodial parents/guardians who will be picking up children must be listed in **PART B** below.

Part B: Emergency Contacts

List at least two persons **other than parents** approved for pick-up* who may also be contacted in case of an emergency (**name, relationship to your child, address & phone; must be at least 16 years old and live within 30 minutes of Roanoke**):

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____ Phone _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____ Phone _____

*Children will **NOT** be permitted to leave with anyone unless their name is on the approved list.

Part C: Medical & Health History

PLEASE WRITE N/A IF ANY OF THE FOLLOWING QUESTIONS DO NOT APPLY:

Does your child have a history of health problems that the Playschool Staff should be aware of?

Does your child have any disabilities or special needs (developmental, physical, or emotional)? (In accordance with ADA, Green Ridge Recreation Center does not exclude on the basis of ability. Please let us know if your child needs a reasonable adaptation or accommodation to fully participate in the Playschool program. It is our goal to help each child succeed in all GRRC recreation programming.)

Please list any medications your child is taking. Please explain.:

Please list any known allergies (medications, bee stings, foods, sunscreen, etc); is allergy airborne, skin contact or ingestion; and any specific actions to be taken in the event of an allergic reaction:

Family Doctor _____ Phone _____

Name of Practice _____ Address _____

City _____ State _____ Zip _____

Will your child require medication during the program? _____

If so, please fill out the "authorization to give medication" form.

Part D: Day Care History

Previous Child Day Care Programs and Schools Attended _____

If Child Attends this Center and Another School/Program, Give Name of School/Program _____

Part E: Identity Verification

1. Please attach a copy of your child's school entrance physical and up-to-date immunization record *signed by the Doctor within 12 months of 1st day of preschool* (Forms are available in most pediatrician's offices or upon request.)

2. Please attach a certified copy of your child's birth certificate this will be returned with registration confirmation).

***Registration forms without this information will not be accepted.**

Part F: Express Assumption of Risk, Binding Release, Waiver & Indemnification of Liability

I, the undersigned, do hereby agree to participate in or allow myself and the individuals in my family to participate in activities at Green Ridge Recreation Center. I assume all risks and liability that may arise from my or my child's involvement and participation in this activity. I understand that this activity carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this recreational activity. Nothing contained herein shall be construed to grant and expressed or implied warranty of safety. I further understand that Roanoke County and its officers, agents, and volunteers are not liable for any injury that may result from the negligence of persons operating this facility. In accordance with section 8.01-40 of the Code of Virginia, I hereby give permission to be photographed while in the facility, and I give the department permission to use or distribute such photographs and identification.

Signature _____ Date _____

____ Parent ____ Guardian

Part H: Licensed Program Addendum

Please initial each item and sign below.

____ I give Roanoke County Parks, Recreation, and Tourism staff permission to take my child swimming and wading under the supervision of lifeguards (indicate swimming ability):

____ Nonswimmer ____ Swimmer who needs wall support

____ Swimmer who can be in deeper water for short periods ____ Swimmer with no restrictions

____ I will provide my child's proof of identity (birth certificate, passport).

____ An emergency operations plan has been developed to help staff and participants be prepared for situations. This is posted at Green Ridge Recreation Center, updated regularly, and a copy of the plan can be provided upon request.

____ Staff of licensed programs will update parents on the behavior of the participants, If I do not pick up my child, I release staff to share behavioral information to the approved individual on my pick-up list. Written behavior summaries will only be shared with the child's parent or guardian.

____ I have received and reviewed the Parent Handbook and will be responsible for its contents and information outlined in this form.

____ I agree to that a non-refundable payment is due by 4pm Thursday for the next week of service. If payment is not made, my child is subject to withdrawal from the program and a reinstatement fee of \$10 per occurrence per school year. If a holiday falls on Thursday, it will be due 4pm Wednesday for the next week of service. Weekly fees will be adjusted for weeks including Thanksgiving and Christmas days.

____ I understand that fees are not prorated for missing days and I will pay for days my child is enrolled. If I wish to adjust the days that my child attends for the remainder of the school year, I must pay a \$10 administration fee.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **

3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State

Parent(s) or Guardian(s) Signature

Date

Administrator of Center Signature

Date

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

Part I: Expectations of All Participants

As a Roanoke County Parks, Recreation, and Tourism program participant, I agree to:

- Treat all people, public buildings, and equipment with respect.
- Follow all program and activity rules. I will ask a staff member if I don't understand the rules.
- Speak and act appropriately. Threatening words, tone of voice, gestures, foul language, sexually inappropriate behavior, teasing, throwing objects, and physical contact will not be tolerated and are prohibited.
- Encourage and support a safe, fun, and healthy environment.
- Any aggressive or threatening behavior will lead to immediate removal from the program/facility (with the possibility of further consequences), and staff will contact the parent or guardian to make them aware of the situation. Any unlawful behavior or activity will be reported to the authorities.

Note: I understand that if I do not follow this contract, parent(s)/guardian(s) will be notified. We are required to follow the expectations of participants or we will lose our privilege to participate.

Signature _____ Date _____
____ Parent ____ Guardian

Part J: Background Information

This information will be kept confidential and only for playschool staff to reference. Please share as much as you would like so that we may better understand your child. Sections in this part with a star by them are required.

Other members of the family (brothers, sisters, grandparents, etc.) living at home:

Name	Age	Relationship	Indicate Name Used by Child
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other members of the family (grandparents, aunts, uncles, etc.) living in the community:

Name	Age	Relationship	Indicate Name Used by Child
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is Father living? _____ Is Mother living? _____ Separated? _____ Divorced? _____

*Does your child take a nap? _____ Morning _____ Afternoon _____

How many hours does your child sleep at night? (Approximately) _____

*Is your child toilet trained? _____ Does your child use any special word for toileting? _____

If so, please state _____

*Describe your child's appetite:

always hungry _____ never hungry _____ snacks _____ snacks all day _____

eats at mealtime _____ has to be coaxed to eat _____

Are there any foods your child may not or cannot eat? (due to allergies, religious customs, etc.) _____ If so, please list: _____

Are there any foods your child dislikes? If so, please list: _____

*Child's Special Interests:

singing _____ painting _____ stories _____

trucks _____ pets _____ music _____

outside play _____ coloring _____ Other _____

*Is your child generally:

cooperative? _____ shy? _____ competitive? _____ happy? _____

aggressive? _____ sensitive? _____ submissive? _____

angry? _____

Your child usually does what is asked of him/her? _____

Your child seldom does what is asked of him/her? _____ whines? _____

List other behaviors characteristic of your child. _____

Part K: Deposit & Registration Fees

Please enclose \$50 non-refundable deposit . An administration fee of \$10 per child will be charged each time a child withdraws and re-registers during the same school year. Make check payable to: Treasurer of Roanoke County. Non-refundable balance due one week prior to the start of each week. If you would like automatic payments, please fill out the Authorization for Automatic Payments Made by VISA/MasterCard/Discover Form.

Return completed registration form; child entrance physical; birth certificate; deposit and all other forms, as they apply to your situation, to:

**Playschool
7415 Wood Haven Rd
Roanoke, VA 24019**

For Office Use Only:

Deposit ___/___/___ amount \$_____ receipt _____
Balance ___/___/___ amount \$_____ receipt #_____
Enrollment Date ___/___/___ staff initials_____
Termination Date ___/___/___ staff initials_____
Reason for Termination_____

IDENTITY VERIFICATION

Place of Birth: _____
Date of Birth: _____
Birth Certificate Number: _____
Date Issued _____
Other Form of Proof: _____
Administrative Staff _____ Date _____
Date of Notification of Local Law-Enforcement Agency(when required proof of identity is not provided): _____
Date

Part B continued: Playschool Additional Pick Up List

For additional individuals allowed to pick up your child, please list below. Include name, relationship to your child, address and phone number.

Name: _____

Address: _____

City _____ State _____ Zip _____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Relationship: _____

Work/Home Phone: _____

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Work/Home Phone: _____

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Address: _____

City _____ State _____ Zip _____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Relationship: _____

Work/Home Phone: _____

Authorization to Give Medication
Child Care Facilities
Non-prescription and Prescription Medicines
(Includes Vitamins, Sunscreen, diaper ointment,
insect repellant, and OTC medicines)

Standards for Licensed Child Day Centers and Minimum Standards for Licensed Family Day Homes require that prescription and nonprescription medicine **(including vitamins, sunscreen, diaper ointment, insect repellant)** may be given to a child only with the parent's or guardian's written consent.

Child's Name _____ Age _____

Green Ridge Recreation Center's Playschool has my permission to administer the following medicine:

Medicine Name and/or Prescription Number: _____

Dosage and Times to be Given: _____

Possible side effects: _____

Special Instructions (if any): _____

This authorization is effective until: _____ (for child day centers, the effective period must not exceed ten work days, unless otherwise prescribed by the child's physician).

Parent's or Guardian's Signature: _____ Date _____
____ Parent ____ Guardian

If a medicine (prescription or nonprescription) is administered longer than 10 work days, the center regulation requires written authorization from the child's physician and parent or guardian. If authorization from the child's physician is not obtained, the written authorization from the parent or guardian must be renewed every 10 work days. The following can be completed for the use of long-term medication.

I certify that, in my opinion, it is medically necessary that the medicine described below be administered to _____ during center hours and that this medicine may be administered by center staff.

Medicine Name: _____

Dosage and Time to be Given: _____

Duration: _____

Physician's Signature _____ Date _____

Name of Physician _____ Phone _____

Authorization for Automatic Payments Made by VISA/MasterCard/Discover Form

Fees will be electronically done biweekly or monthly according to the fee schedule. Fees are pre-paid for weeks your child is in session. Please see fee schedule for more details.

Main contact (parent/guardian) _____ Child _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work Phone _____ Cell Phone _____

E-mail address where I can be reached: _____

Preferred method of contact: _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____

Credit Card Information

Payment option: _____ Biweekly (Payment for the biweekly option will be in advance every other Thursday according to the payment schedule for the academic year.)

_____ Monthly (Payment will be the last Thursday of the preceding month of enrollment. If there are 5 weeks falling in one month, fees will adjusted by that additional week. Payment for December will be the Wednesday before Thanksgiving.)

_____ Visa _____ MasterCard _____ Discover Credit Card # (16 digits) _____

Name as it appears on card _____ Exp. Date _____

Terms & Agreement

This agreement will remain in effect until the final payment due date, or until my child is withdrawn from all program sessions. Additionally, I may terminate this agreement at any time by providing written notification at least five (5) business days prior to my next payment due date.

TERMS AND CONDITIONS

1. _____ (your initials) Fees are paid by biweekly or monthly draft from the date of membership registration. I agree that I have received the current year's payment schedule and am aware that payments will be drafted on days indicated. If there are 5 weeks in a month, fees for that month will include that extra week. Payment is available only by credit card OR bank issued debit card. Only Visa, MasterCard and Discover credit or debit cards are accepted. Fees are non-refundable and not prorated for missed days.

2. _____ (your initials) I understand that this is a continuous month-to-month or biweekly-to biweekly draft and will remain in effect for as long as I continue to enroll my Child.

3. _____ (your initials) The Green Ridge Recreation Center's administration, or Roanoke County's Board of Supervisors may, at their discretion, adjust the fee rate applicable to Playschool. I understand that I will receive at least four weeks notice prior to any such change.

4. _____ (your initials) Should my bank for any reason not honor any fee deduction, I realize that I am still responsible for that payment. I understand that it is my responsibility to notify Green Ridge Recreation Center's Playschool with a written notice 5 business days prior to my draft if I change my financial institution or account number. In the event this account becomes delinquent for any reason, Green Ridge Recreation Center reserves the right to refer this account for collections.

ELECTRONIC BIWEEKLY OR MONTHLY DRAFT AUTHORIZATION

AUTHORIZATION: I hereby authorize Green Ridge Recreation Center of Roanoke County, to initiate electronic entries from my information Financial Institution named above to debit my account. This authorization remains in effect until Green Ridge Recreation Center has received from me, at least five (5) business days prior to my next due date, that I would like to cancel my child from Playschool.

I/WE AGREE TO THE TERMS AND CONDITIONS OF THIS MEMBERSHIP APPLICATION AND AUTHORIZATION AGREEMENT

Signature _____ Date _____

____ Parent ____ Guardian

Playschool Fee Class Schedule

2010-11 School Year (August 23, 2010 – June 14, 2011)

Weekly Payment Schedule

Playschool In-Session Dates	Due Date	Mon, Wed, Fri Enrollment Amount	Tues, Thurs Enrollment Amount	Mon-Fri Enrollment Amount
8/23/10-8/27/10	8/19/10 (deposit applied this week)	\$0 due -\$2 after deposit	\$0 due -\$18 after deposit	\$20 due After deposit
8/30/10-9/3/10	8/26/10	\$46 After deposit	\$14 After Deposit	\$70
1/18/10 – 6/14/10	Every preceding Thursday for following week child is enrolled for the amount indicated at the right.	\$48 weekly	\$32 weekly*	\$70 weekly*

Biweekly Payment-Electronic Draft Schedule

Playschool In-Session Dates	Date for Electronic Draft	Mon, Wed, Fri Enrollment Amount	Tues, Thurs Enrollment Amount	Mon-Fri Enrollment Amount
8/23/10-9/3/10	8/19/10 (deposit applied for these weeks)	\$46 due after deposit	\$14 due after deposit	\$90 due After deposit
9/6/10-6/14/10	Beginning 9/2/10, every other preceding Thursday thru 6/14/10 there will be drafts for the amount indicated to the right.	\$96*	\$64*	\$140*

Monthly Payment-Electronic Draft Schedule

Playschool In-Session Dates	Date for Electronic Draft	Mon, Wed, Fri Enrollment Amount	Tues, Thurs Enrollment Amount	Mon-Fri Enrollment Amount
8/23/10-10/1/10	8/19/10 (deposit applied for these weeks)	\$238 due after deposit	\$142 due after deposit	\$370 due After deposit
10/4/10-10/29/10	9/30/10	\$192	\$128	\$280
11/1/10-12/3/10	10/28/10 (includes 5 weeks on electronic draft)	\$225*	\$145*	\$320*
12/6/10-12/31/10	11/24/10	\$177*	\$128	\$265*
1/3/11-1/28/11	12/30/10	\$192	\$128	\$280
1/31/11-2/25/11	2/27/11	\$192	\$128	\$280

*Week of Thanksgiving will be prorated -\$30 because of holidays. Christmas Eve will be prorated -\$15 as well. Also, if there are any inclement weather days that effects Green Ridge operations, -\$15 will be adjusted to accounts per day per child.